

Home Modification for Accessible Living Grant Application

A joint project of:

Abilities Unlimited
P.O. Box 1814
Bloomington, IN 47402
Tel: (812) 332-1620

City of Bloomington
Housing & Neighborhood Development
Department
Showers City Hall
401 N. Morton St. Room 130
P.O. Box 100
Bloomington, IN 47402
Phone (812) 349-3401

Please return your application to Abilities Unlimited.

Checklist

The Home Modification for Accessible Living (HMAL) Grant Application will not be processed until all the required documentation is provided:

- _____ The three attached information forms completed with signature(s) and dates
- _____ Last years Federal and State tax forms with all attachments
- _____ Last two check stubs for each applicant
- _____ Property tax statement, or proof of payment of property tax or Deed to property
- _____ An consent form from owner for repairs, if rental unit
- _____ Authority to Verify Income Information Form
- _____ Employer Verification Form
- _____ Social Security Verification Form

Please describe below your need:

CITY OF BLOOMINGTON
HMAL GRANT APPLICATION
Application Date_____

Applicant's Name_____ Race_____

Name and Address of Employer_____

Years Employed at this Job_____ Female Head of Household yes no

Spouse's Name_____ Race_____

Name and Address of Employer_____

Number of years employed at this job_____

Telephone number: home_____ work_____

PROPERTY INFORMATION

Address_____ Number of Units_____

Date of Home Purchase_____ Age of Structure_____

Original Mortgage Amount_____ Unpaid Balance_____

Lender Name and Address_____ Loan Number_____

Number Residing in Household_____

HOUSEHOLD COMPOSITION

(List the head of your household and all persons who live in your home.)

FULL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY

Monthly Income

Source	Applicant	Co-Applicant	Household Member 18 or Older	Total
Gross Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Net Rental Income				
Social Security				
Pensions/Retirement				
Unemployment Benefits				
Workers Compensations				
Alimony/Child Support				
Welfare Payments				
Other				
Total				

ASSETS

Type	Cash Value	Annual Income From Assets	Bank Name	Account #
Checking Accounts				
Savings Accounts				
Credit Union Acct.				
Stocks/IRA				
U.S. Savings Bonds				
Other Real Estate				

Monthly Housing Expense

Item	Monthly Payment	Due Date
Mortgage Payment		
Homeowner's Insurance		
Real Estate Taxes		
Water/Sewer		
Electric		
Gas		
Home Maintenance		
		Total

The information provided below is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date